

## **MANAGEMENT PLAN REVIEW CHECKLIST**

**LEA:**

**Management Planner:**

**Designated Person:**

**MDCIS Reviewer:**

**RECEIVED:**

**ACCEPTED:**

**REJECTED:**

AHERA Management Plan Review Checklist

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763.93(e) (1) General Inventory -- Name and address of each school building and whether the building contained friable or nonfriable ACBM or assumed ACBM  
\_\_\_\_\_  
(A-2) \_\_\_\_\_

763.93(e) (2) PRE-AHERA Inspection (before December 14, 1987)  
Check here if pre-AHERA inspections were completed and attach a copy of the "Pre-AHERA checklist" for each inspection.  
\_\_\_\_\_

763.93(e) (3) AHERA Inspections (on or after December 14, 1987)  
-- also Ref: 763.85

- \_\_\_\_\_  
i. a. Dates of inspection (D-1) \_\_\_\_\_
- \_\_\_\_\_  
b. Name, signature, accreditation number, and accreditation agency for each inspector (D-1) \_\_\_\_\_
- \_\_\_\_\_  
ii. a. Blueprints, diagrams, or written descriptions that clearly identify homogeneous areas sampled for ACBM, or areas assumed to be ACBM. (D-2, D-3) \_\_\_\_\_
- \_\_\_\_\_  
b. Approximate square footage or linear footage where material was sampled for ACBM or assumed to be ACBM. (D-2) \_\_\_\_\_
- \_\_\_\_\_  
c. Exact locations and dates for bulk samples collected (D-4, D-6) \_\_\_\_\_
- \_\_\_\_\_  
d. Homogeneous areas where friable suspected ACBM is assumed to be ACM and where nonfriable suspected ACBM is assumed to be ACM (D-2)  
\_\_\_\_\_
- \_\_\_\_\_  
iii. a. Description of manner used to determine sampling locations (D-5) \_\_\_\_\_
- \_\_\_\_\_  
b. Name, signature, accreditation number, and accreditation agency for each inspector who collected bulk samples (D-5) \_\_\_\_\_
- \_\_\_\_\_  
iv. a. Copy of the analysis of any bulk samples collected and analyzed (D-4) \_\_\_\_\_
- \_\_\_\_\_  
b. Name and address of any laboratory that analyzed bulk samples (E-2) \_\_\_\_\_
- \_\_\_\_\_  
c. Statement that the laboratory meets the applicable requirements of 763.87(a) (E-2) \_\_\_\_\_
- \_\_\_\_\_  
d. Dates of analysis (D-4) \_\_\_\_\_

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- \_\_\_\_ e. Name and signature of person performing the analysis (E-2) \_\_\_\_
- \_\_\_\_ v. a. Descriptions of assessments required under 763.88 (D-7a, D-7b) \_\_\_\_
- \_\_\_\_ b. Name, signature, accreditation number, and accreditation agency for each accredited person making the assessments (D-7a) \_\_\_\_

763.93(e) (4) Designated Person (Ref: 763.84)

- \_\_\_\_ i. Name, address, and telephone number of designated person (A-1) \_\_\_\_
- \_\_\_\_ ii. Course name, dates, and hours of training. (A-1) \_\_\_\_

763.93(e) (5) Response Actions Recommendations (Ref: 763.88)

- \_\_\_\_ i. Response action recommendations made to LEA (E-3a, E-3b) \_\_\_\_
- \_\_\_\_ ii. Name, signature, accreditation number, and accreditation agency for each accredited person making the response action recommendations (E-3a) \_\_\_\_

763.93(e) (6) Response Actions -- A detailed description of preventative measures and response actions to be take including:

- \_\_\_\_ i. Methods (E-4) \_\_\_\_
- \_\_\_\_ ii. Locations for measure or action (E-4) \_\_\_\_
- \_\_\_\_ iii. Reasons for selecting measure or actions (E-4) \_\_\_\_
- \_\_\_\_ iv. Schedule for beginning and completing each measure or action (E-4) \_\_\_\_

763.93(e) (7) Assurance of Accreditation -- a statement that the person(s) who inspected for ACBM and who will design or carry out response actions, except O & M, are or will be accredited by:

- \_\_\_\_ i. A state with an approved accreditation program (E-5) \_\_\_\_
- \_\_\_\_ ii. An EPA approved course (E-5) \_\_\_\_

763.93(e) (8) ACBM remaining after Response Actions -- a detailed description in the form of a blueprint, diagram, or in writing of any ACBM or suspected ACBM assumed to be ACBM, which remains in the school once response actions are undertaken pursuant to Sec. 763.90. (E-6) \_\_\_\_

763.93(e) (9) Activity Plans

\_\_\_\_ i. A plan for Reinspections (Ref: 763.85) (E-7a) \_\_\_\_

\_\_\_\_ ii. A plan for Operations and Maintenance Activities (including initial cleaning) (Ref: 763.91) (E-7a) \_\_\_\_

\_\_\_\_ a. Management Planner additional cleaning recommendation (Ref:763.91(c)(2)) (E-7b) \_\_\_\_

\_\_\_\_ b. LEA's response to that recommendation (E-7b) \_\_\_\_

\_\_\_\_ iii. A plan for Periodic Surveillance (ref 763.92) (E-7a) \_\_\_\_

763.93(e) (10) Notifications

(g) (4)

\_\_\_\_ i. Description of steps taken to inform workers and building occupants (or their legal guardians) about inspections, reinspections, periodic surveillance, response actions, and post response action activities that are planned or in progress (A-3) \_\_\_\_

ii. Notification of availability of management plan for review to parent, teacher, and employee organizations (A-3) \_\_\_\_

\_\_\_\_ a. Description of plan \_\_\_\_

\_\_\_\_ b. Dated copy of the notification sent upon submission of plan \_\_\_\_

763.93(e)(11) Resource Evaluation -- an evaluation of resources needed to complete response actions successfully and carry out reinspections, operations and maintenance activities, periodic surveillance, and training (E-8) \_\_\_\_

763.93(e)(12) Consultant Accreditation -- with respect to each consultant who contributed to the management plan, a statement that (E-9):

- \_\_\_\_ i. He/she is accredited under a state accreditation program \_\_\_\_
- \_\_\_\_ ii. He/she is accredited under another state that has an accreditation plan or by  
and EPA-approved course \_\_\_\_

763.93(h) Record keeping (Ref: 763.94) \*\*check completed forms if included\*\*

763.94(b) Preventative Measure and Response Actions \_\_\_\_

- \_\_\_\_ (1) a. detailed written description (F-1a, F-1b) \_\_\_\_  
b. methods  
c. location  
d. reasons for selecting measure or action  
e. start and completion dates  
f. names and addresses of all contractors  
-- including state accreditation information  
g. name and location of storage or disposal site
- \_\_\_\_ (2) Air sampling information (F-2a, F-2b) \_\_\_\_  
a. name and signature of person collecting air sample  
b. locations where air samples were collected  
c. date of collection  
d. name and address of laboratory  
e. date of analysis  
f. results of analysis  
g. method of analysis  
h. name and signature of the person performing the analysis  
i. statement that the laboratory meets the applicable requirements  
763.90(i)(2)(ii)

\_\_\_\_ 763.94(c) Training (Ref: 763.92(a)(1) & (2)) (F-3) \_\_\_\_

- (1) name and job title  
(2) date training was completed  
(3) location of training  
(4) number of hours completed

\_\_\_\_ 763.94(d) Periodic Surveillance (Ref: 763.92(b)) (F-4) \_\_\_\_

- (1) name of each person performing periodic surveillance  
(2) date of the surveillance  
(3) any changes in conditions of the materials

\_\_\_ 763.94(e) Cleaning (Ref: 763.91(c)) (F-5) \_\_\_

- (1) name of each person performing the cleaning
- (2) date of the cleaning
- (3) locations cleaned
- (4) methods used to perform cleaning

\_\_\_ 763.94(f) Operations and Maintenance (Ref: 763.91(d)) (F-6) \_\_\_

- (1) name of the person performing the activity
- (2) start and completion date of the activity
- (3) location of the activity
- (4) a description of the activity including:
  - preventive measures used
  - name and location of storage or disposal

\_\_\_ 763.94(g) Major Asbestos Activity (Ref: 763.91(e)) (F-1a, F-1b) \_\_\_

- (1) name, signature, accreditation number, and agency of each person performing the activity
- (2) start and completion date of the activity
- (3) location of the activity
- (4) a description of the activity including:
  - preventive measures used
  - name and location of storage or disposal

\_\_\_ 763.94(h) Fiber Release Episode (Ref: 763.91(f)) (F-7a, 7b, F-8) \_\_\_

- (1) date and location of the episode
- (2) method of repair
- (3) preventive measure or response action taken
- (4) name of each person performing the work
- (5) name and location of the storage or disposal site

763.93 (i) True and Correct Statement - signed by LEA designated person which certifies that the general , local educational responsibilities, as stipulated by 763.84 have been met or will be met. (E-10) \_\_\_